

October 23, 2015

Summary of October 15-16, 2015, Board Meeting

The following is a summary of the October 15-16, 2015, meeting of the Iowa Board of Medicine.

Cases Reviewed: The Board reviewed 120 cases.

New Investigative Cases: The Board reviewed 40 new investigative cases.

Statement of Charges: Upon a determination by the Board that probable cause exists to take formal disciplinary action against a licensee, the Board may file a Statement of Charges which contains the allegations of the Board.

The Board approved 1 Statement of Charges.

1. An Iowa-licensed physician who formerly practiced vascular surgery in Des Moines, Iowa, had formal disciplinary charges filed against him by the Board on October 16, 2015. The Board alleged that the physician failed to provide appropriate surgical care to multiple patients in Des Moines, Iowa. The Board alleged that the physician engaged in professional incompetency in the practice of medicine including poor clinical judgment and reasoning; incomplete evaluations; poor candidate selection; inadequate treatment planning; inconsistent recognition of complications; inadequate documentation and poor communication. The Board also alleged that the physician engaged in a pattern of disruptive behavior in the practice of medicine that interferes with, or has the potential to interfere with, patient care or the effective functioning of health care staff. A hearing is scheduled on January 7-8, 2016.

Settlement Agreements: After the Board has determined that probable cause exists to take formal disciplinary action and formal disciplinary charges have been filed, the Board and the licensee may enter into a Settlement Agreement to resolve the pending disciplinary charges rather than hold a formal disciplinary hearing.

The Board approved 2 Settlement Agreements.

1. An Iowa-licensed physician who practices family medicine in Washington, Iowa, entered into a Settlement Agreement with the Board on October 16, 2015. On February 12, 2009, the physician entered into a combined Statement of Charges and Settlement Agreement

with the Board. The Board charged the physician with failing to provide appropriate chronic pain treatment to multiple patients and failing to maintain appropriate professional boundaries with patients. The physician voluntarily completed over thirty credit hours of continuing medical education for appropriate chronic pain treatment and maintaining appropriate professional boundaries. The physician also agreed to be monitored by the Iowa Physician Health Program. The Board issued the physician a Citation and Warning and placed her on probation for a period of five years subject to counseling and Board monitoring. On February 12, 2014, the physician completed the terms of her probation. On January 24, 2014, the Board charged the physician with failing to provide appropriate obstetrical care to multiple patients in Washington, Iowa, between 2005 and 2010. On August 8, 2014, the physician entered into a Settlement Agreement with the Board to resolve the pending disciplinary charges. The Board issued the physician a Citation and Warning and ordered her to pay a \$5,000 civil penalty. The Board also permanently prohibited the physician from practicing obstetrics and placed her on probation for a period of five years subject to certain conditions. On May 15, 2015, the Board charged The physician with violating the terms of the August 8, 2014, Settlement Agreement, including failing to obtain a Board-approved educational preceptor in a timely manner; failing to complete continuing medical education and self-study in a timely manner; failing to complete a documentation course in a timely manner; and failing to file sworn quarterly reports attesting to her compliance with the terms of her probation. Under the terms of the October 16, 2015, Settlement Agreement, the Board issued the physician a Citation and Warning and ordered her to pay a \$5,000 civil penalty. The physician also agreed to fully comply with the terms of the August 8, 2014, Settlement Agreement including meeting with her Board-approved educational preceptor for at least one hour each week to review cases, discuss decisions, review specific areas of need and engage in a quality improvement process and file sworn quarterly reports attesting to her compliance with all of the terms of her probation.

2. An Iowa-licensed physician who practices medicine in Omaha, Nebraska, entered into a Settlement Agreement with the Iowa Board on October 16, 2015. On August 30, 1991, the Nebraska Division of Public Health (Nebraska Board) disciplined the physician for substance abuse. The Nebraska Board alleged that the physician wrote controlled substance prescriptions to himself to sustain an addiction. The Nebraska Board placed the physician on probation for a period of two years and ordered him to undergo a substance abuse evaluation, abstain from using controlled substances or prescribing medications, and undergo drug testing. On November 19, 2014, the Nebraska Board disciplined the physician for substance abuse. The Nebraska Board alleged that the physician diverted numerous controlled substances from patients for his own use between 2012 and April 2014. The physician underwent inpatient substance abuse treatment and was diagnosed with a substance abuse disorder. The Nebraska Board placed the physician on probation for a period of five years, prohibited him from prescribing, administering, dispensing or possessing any controlled substances at any time. The Nebraska Board also ordered him to abstain from the use of alcohol or controlled substances and undergo substance abuse treatment and random drug testing. On August 28, 2015, the Iowa Board charged the physician with being disciplined by the Nebraska Board in violation of the laws and rules governing the practice of medicine in Iowa. Under the terms of the October 16, 2015, Settlement Agreement, the Iowa Board issued the physician a Citation and Warning and prohibited him from prescribing, administering, dispensing or possessing any controlled substances at any time. The Iowa Board also placed the physician on probation for a period of five years subject to counseling and monitoring for substance abuse.

Confidential Letters of Warning or Education: When the Board determines that probable cause does not exist to take formal disciplinary action against a licensee the Board may send a confidential, non-disciplinary, letter to the licensee expressing concerns and requesting that the licensee take corrective action, including further education.

The Board voted to issue 23 confidential Letters of Warning or Education due to the following areas of concern:

1. Concerns about a physician's prescribing and pain treatment for a patient.
2. Concerns about a physician's surgical treatment of a patient who experienced serious postoperative complications.
3. Concerns about a physician's communication with a patient and family for a patient who experienced a serious infection.
4. Concerns about a physician's diagnosis and treatment of a patient who experienced a pulmonary embolism.
5. Concerns about a physician's diagnosis and treatment of a patient who experienced swelling of the optic nerve.
6. Concerns about a physician's diagnosis and treatment of a patient who experienced respiratory failure.
7. Concerns about a physician's management of the preoperative x-ray results for a patient.
8. Concerns about a physician's prescribing practices and monitoring of psychotropic medications.
9. Concerns about a physician's diagnosis and treatment of a patient who experienced a tumor and vision loss.
10. Concerns about a physician's diagnosis and treatment of a patient who experienced a pulmonary embolism.
11. Concerns that an Iowa-licensed physician failed to report an investigation by another state licensing Board on his application for renewal of his Iowa medical license.
12. Concerns about a physician's prescribing and pain treatment for a patient.
13. Concerns about a physician's postoperative care following hip replacement surgery.
14. Concerns that a physician failed to properly report the theft of abusable prescription drugs to the appropriate authorities.
15. Concerns about a physician's diagnosis and treatment of a patient who experienced heavy bleeding due to a miscarriage.
16. Concerns that a physician misread an MRI.
17. Concerns about a physician's diagnosis and treatment of a patient who was diagnosed with cancer.
18. Concerns about a physician's treatment of a patient who received excessive amounts of pain medication.
19. Concerns about a physician's treatment of a patient who received excessive amounts of pain medication.
20. Concerns about a physician's treatment of a patient who received excessive amounts of pain medication.
21. Concerns about a physician's treatment of a patient who received excessive amounts of pain medication.
22. Concerns about a physician's treatment of a patient who received excessive amounts of pain medication.
23. Concerns that an Iowa-licensed physician was disciplined by another state licensing Board for failing to provide appropriate diagnostic tele-radiology services to a patient when he failed to properly interpret an ultrasound resulting in the delayed diagnosis and treatment of a testicular infarction.

Monitoring Committee: The Monitoring Committee monitors licensees who are subject to a Board disciplinary order and require monitoring.

The Monitoring Committee reviewed 9 physicians who are being monitored by the Board and held 1 physician appearance via telephone.

Screening Committee: The Screening Committee reviews cases that are lower priority to determine whether investigation is warranted.

The Screening Committee reviewed 30 cases.

Licensure Committee: The Licensure Committee reviews initial license applications, renewals, and reinstatements and other licensure policies and issues. Most license applications are approved by Board staff without Licensure Committee review. However, some applications raise concerns about an applicant and the Licensure Committee must review the matter to determine whether a license should be granted, renewed or reinstated.

Committee Work:

The Committee reviewed 4 licensure applications. Two permanent licenses were granted and two applications were left open to obtain further information or allow the applicant to withdraw.

The Committee recommended the Board grant a request for waiver of IA Administrative Code 653-9.3(1)c(3) which defines approved postgraduate training as those programs accredited by ACGME, AOA, RCPSC, and CFPC. The Board approved the Committee's recommendation.

The Committee approved 9 Letters of Warning that were issued due to concerns that the applicants failed to provide truthful, accurate or complete information on the applications.

Committee Discussion Items:

Special to Permanent License

The committee continued discussion on offering alternative pathways to the permanent licensure eligibility requirements for physicians on a special license. The committee decided not to recommend changes to the statute or rules for permanent licensure eligibility.

The Committee directed staff to research and draft proposed changes to the special license rules that would limit the number of renewals and encourage special licensees to pursue meeting the permanent license eligibility requirements.

Accepting ABMS Maintenance of Certification towards CME Requirements for Renewal

The American Board of Medical Specialties asked the board to count the ABMS's Program for Maintenance of Certification towards Iowa's continuing medical education (CME) requirements for license renewal.

Staff will continue discussion with ABMS and bring more information before the board at an upcoming meeting.

In other action the Board:

- Voted to amend Iowa Administrative Code 653—Chapter 13, “Standards of Practice and Principles of Medical Ethics,” to implement SF462, which allows physicians to write prescriptions for authorized facilities, including public schools, to stock an epinephrine auto-injector supply for use by trained non-healthcare personnel for individuals at risk of anaphylaxis.
- Voted to amend Iowa Administrative Code 653—Chapter 17, “Licensure of Acupuncturists,” to update licensure definitions; to update requirements for licensure, renewal and reinstatement; to update requirements for the display, distribution and retention of the patient information disclosure sheet; to recognize the delegation of certain acupuncture-related responsibilities; to update the requirements for reporting of any change in the name of a licensee; and to recognize the administration of the licensee file.
- Voted to maintain the Board’s current fee schedule during the fiscal year ending June 30, 2016. The Board does not receive a general fund allocation, but operates exclusively on fees from licensure. The Board’s FY2016 operating budget is \$4,260,709.
- Issued a statement drawing attention to the dismissal of the remaining claims challenging Iowa Administrative Code 653—653-13.10 (standards of practice for physicians who prescribe or administer abortion inducing drugs to terminate a pregnancy -- medical abortion). In the statement, the Board reminded Iowa physicians who use telemedicine that they will be held to the same standards of care and professional ethics as physicians using traditional in-person medical care.
- Received a report from the Iowa Physician Health Program, which monitors physicians with mental health issues, physical disabilities or substance use disorders. The program had 60 participants and 12 in the review process on September 30. There have been 38 discharges since January 1.
- Received reports from the Iowa Attorney General’s Office on seven disciplinary cases and one rulemaking case.

A press release describing public disciplinary action taken by the Board was distributed and posted on the Board’s Website on October 21, 2015. If you have questions about this summary or the Board’s press release, please contact Kent M. Nebel, J.D., Legal Director, at (515) 281-7088 or kent.nebel@iowa.gov.